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To: EBSA, E-OHPSCA - EBSA

Subject: U.S. Labor Department seeks public comments on mental health and addiction law

- Types of financial requirements or treatment limits plans currently impose.
- Plans should cover the cost at 100% once a person's deductible is met. There should be a small office co-pay and then the remainder should be covered once again at 100%.
- Current disclosure practices by plans regarding medical necessity determinations and denials of mental health benefits.
- Medical necessity and pre-authorizations should not be required. If a medical doctor or mental health professional shows just cause that someone needs care then that should be enough.
- Current practices regarding out-of-network coverage for mental health benefits.
- Out-of-network should be completely eliminated. There should be no in-network and out-of-network. I think all medical professionals and facilities should be mandated to accept all insurance assignments regardless of networking.
- I do not believe we should have managed care the way other countries do. We are "America", Land of the Free and Home of the Brave. Why should our government control our right to choose who we want to see and where we want to obtain our medical care.

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